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J105 U.S. PTO

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	1462-P02409US0	Total Pages	47																																																																						
		First Named Inventor or Application Identifier																																																																									
		KWON, Hwang-Sub																																																																									
		Express Mail Label No.	EL 421454643US	Date Mailed:	February 6, 2001																																																																						
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>			<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																																																																								
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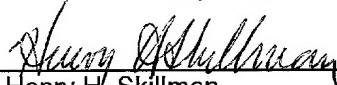
**PRIORITY APPLICATIONS**

This application claims priority to the following application(s), each of which is hereby incorporated herein by reference.

**Foreign Applications:** Republic of Korea application no. 5750/2000 filed February 8, 2000, Republic of Korea application no. 7994/2000 filed February 19, 2000 and Republic of Korea application no. 14770/2000 filed March 23, 2000.

**CORRESPONDENCE ADDRESS**

Please address all correspondence to **Customer Number 000110** to the attention of the individual identified below.



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P.T.O. Reg. No. 17,352

Phone (215)563-4100  
Fax (215)563-4044

# FEE TRANSMITTAL

*Complete if known*

**Application Number:** N/A

**Filing Date:** February 6, 2001

**First Named Inventor:** KWON

Group Art Unit:

Examiner Name:

Total Amt. of Payment: (1)+(2)+(3)= \$435

Attorney Docket Number: 1462-P02409US0

<b>METHOD OF PAYMENT (check one)</b>		<b>Fee Calculation (continued)</b>																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments  to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		<b>ADDITIONAL FEES</b> <b>Fee Description</b> <b>Fee Paid</b> Surcharge-late filing fee or oath <u>0</u> Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ Extension for response within second month _____ Extension for response within third month _____ Extension for response within fourth month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt _____ Recording each patent assignment per property <u>0</u> Other fee (specify) <u>Advance Order (10 copies)</u> _____  <b>SUBTOTAL (3)</b> <u>\$0</u>																					
2. Payment enclosed: Check in the amount of <u>\$435</u>																							
<b>FEE CALCULATION</b> <b>1. FILING FEE</b> <b>Fee Description</b> <b>Fee</b> Utility filing fee <u>355</u> Design filing fee <u>0</u> Plant filing fee <u>0</u> Reissue filing fee _____  <b>SUBTOTAL (1)</b> <u>\$355</u>																							
2. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Paid</th> <th style="text-align: center;">Extr</th> <th style="text-align: center;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">12</td> <td style="text-align: center;">-20</td> <td style="text-align: center;">= 0    x 9 = 0</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">5</td> <td style="text-align: center;">-3</td> <td style="text-align: center;">= 2    x 40 = 80</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td colspan="3"></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (2)</b> <u>\$80</u></td> </tr> </tbody> </table>			Paid	Extr	Fee	Total Claims	12	-20	= 0    x 9 = 0	Independent Claims	5	-3	= 2    x 40 = 80	Multiple Dependent (First presentation)					<b>SUBTOTAL (2)</b> <u>\$80</u>				
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Submitted By:

Typed or

Printed Name Henry H. Skillman

Reg. Number 17,352

Deposit Account User ID

Signature Henry H. Skillman Date February 6, 2001 Deposit Account User ID 04-1406